

FEB: 3. 2004 5:16PM

GLAXO WELLCOME

NO. 2235 P. 5

#12/B  
DN  
2/7/4

IN THE UNITED STATES PATENT OFFICE

Applicant : BONNEY, Stanley G., et al.  
Appl. No. : 10/031,261  
Filed : 1/10/2002  
Title : Medicament Carrier

Grp./A.U. : 3761  
Examiner : Aaron LEWIS

Docket: : PG3694USW

RECEIVED  
CENTRAL FAX CENTER

FEB 03 2004

OFFICIAL

Honorable Commissioner of Patents  
Washington DC 20231

AMENDMENT B

Sir:

The following is in response to the Official Action of 8/28/2003. It is filed with a three-month extension of time.

Please amend the above-identified application as follows:

PTO/88/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

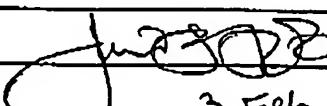
(to be used for all correspondence after initial filing)

		Application Number	10/031,261
		Filing Date	January 10, 2002
		First Named Inventor	Stanley G. BONNEY
		Art Unit	3761
		Examiner Name	Lewis, Aaron J.
Total Number of Pages in This Submission		Attorney Docket Number	PG3694USw

## ENCLOSURES (check all that apply)

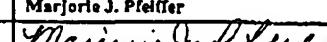
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Alter Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD. Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	James P. Rick Registration No. 39,009 Telephone: (519)483-8022
Signature	
Date	3 Feb 2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Typed or printed name	Marjorie J. Pfeiffer
Signature	
Date 3 Feb. 2004	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.